

An Overview of DPH Contract Monitoring Business Office of Contract Compliance (BOCC)

March 7, 2023

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Purpose of Presentation

- **Part I: Setting the Stage: Understanding Current Agency Performance + Financial Stability Monitoring**
 - Overview of DPH Business Office (1) programmatic performance and compliance monitoring; and (2) agency-level fiscal stability monitoring to support the Health Commission's contract approval decision making. (Focusing on responsibilities of the DPH Business Office)
- **Part II: Closing the Gaps: New Tool and Process to Enhance the Department's Ability to Respond, Support and Provide Early Intervention**
 - New processes to improve DPH's assurance of contractor stability (focused on non-profit organizations).
 - Agency Performance + Financial Stability Report
 - Contractor Oversight Committee (Reinstate beginning April, 2023)

Business Office of Contract Compliance (BOCC) Monitoring Responsibilities

Mission

Program Compliance

- **To ensure that (individual) programs are accountably serving priority populations**, as indicated by their contracts or civil service clinic requirements.

Fiscal Accountability

- **To ensure that public dollars are spent in accordance with funding requirements** as well as local, state, and federal laws/policies and regulations.

Role and Responsibilities

1. **Annual Program Monitoring:** Assess an agency's individual program compliance with performance objectives, deliverables, and other requirements on the annual Program Declaration of Compliance.
2. **Fiscal and Compliance Monitoring:** Assess the overall agency's financial stability, proper invoicing to the City, and compliance with tax filings through Audited Financial analysis and participation in the Citywide Fiscal and Compliance Non-profit Monitoring and Capacity Building program.
3. **BOCC** is not the only area conducting performance and/or compliance monitoring. See document "[DPH Contract Monitoring, DPH Compliance and Quality Management Functions](#)" for information on other activities performed across Ambulatory Care and the Public Health Division. Additionally, LHH and ZSFG have their own monitoring processes (not covered in this presentation).

Monitoring Goals + Strategies

Current Goals

- **Increase Communication:** Business Office of Contract Compliance (BOCC) to review findings with DPH Business Owners/System of Care staff, and discuss ways to improve services or data collection
- **Findings Translate into Program Improvements:** DPH Business Owners/System of Care staff use findings to communicate with contract agency or civil service program directors about areas for improvement or ways to improve standardized performance measures
- **Analysis of Findings Result in Systemwide Continuous Improvement:** DPH Business Owners/System of Care and Quality Management staff review findings to identify system-wide needs

Current Strategies

- **Improve Information Distribution:** Improve ease of information availability for Business Owners/System of Care staff to ensure awareness of contracted agency performance and concerns (e.g., Agency Performance + Financial Stability Report)
- **Improve Coordination of Response:** Reestablish monthly Contractor Oversight Meetings to elevate early warning flags
- **Application of Findings to Program and System Improvements:** Increase opportunities for DPH Business Owners/System of Care staff to use findings to work on areas of improvement with contracted agencies and civil service programs.

Annual Individual Program Performance Monitoring

DPH Program Areas/Units/Branches Monitored through Annual Program Monitoring via BOCC

Currently Monitored

Contracted Programs

Ambulatory Care

- HIV Health Services - Ryan White
- HIV Health Services - General Fund

Population Health Division

- Community Health Equity and Promotion - HIV Prevention Services
- Community Health Equity and Promotion - Wellness Programs

Behavioral Health Services

- Mental Health
- Substance Use Disorder / Substance Abuse Block Grant
- Mental Health Services Act
- Transitional Aged Youth
- Forensic and Justice-Involved BHS

Civil Service Programs

Population Health Division

- Community Health Equity and Promotion- HIV Prevention Services Civil Service Programs, including SFDPH Jail Health Services, SFDPH STD Prevention and Control, SFDPH Tom Waddell

Behavioral Health Services

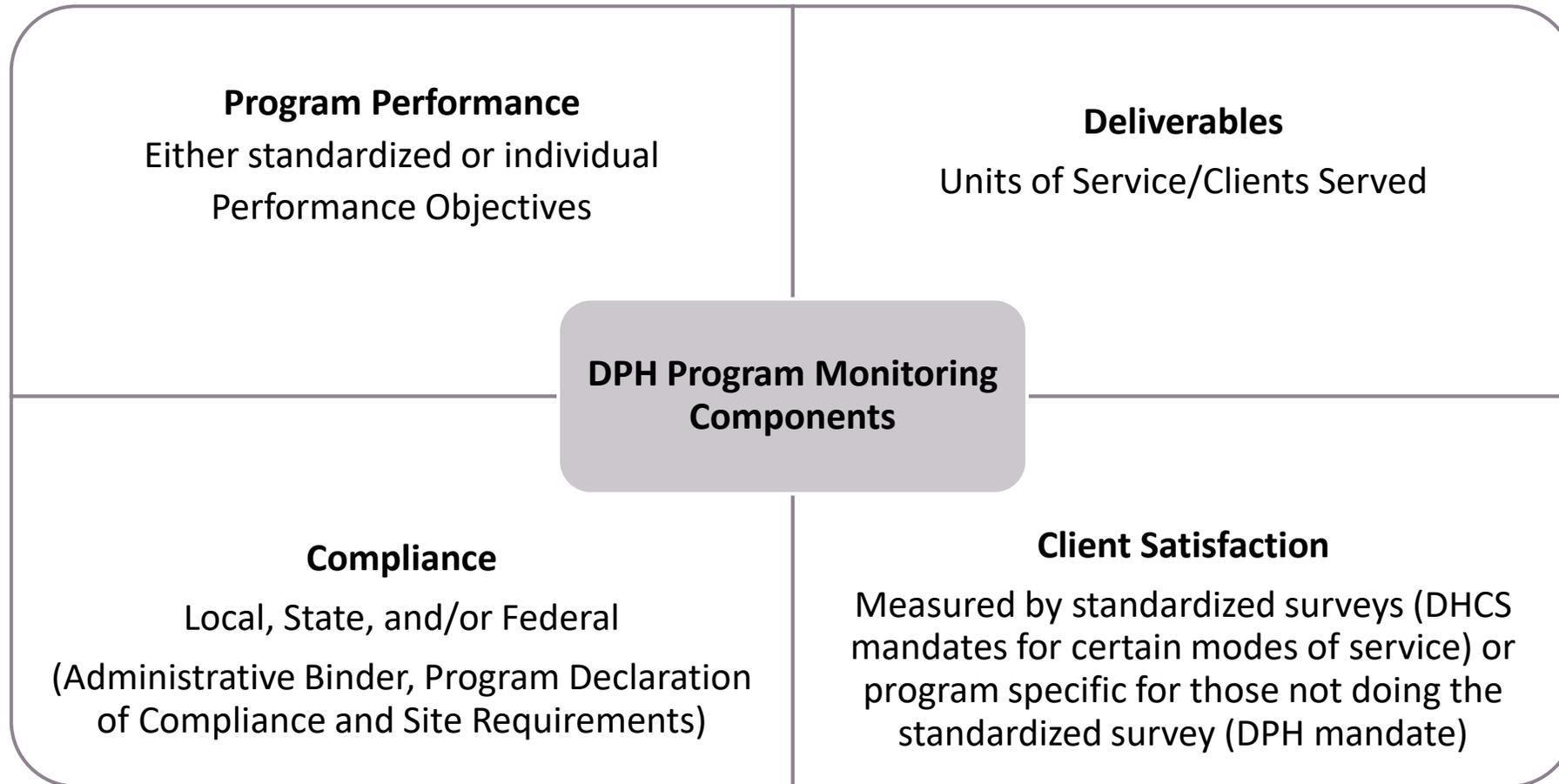
- Civil Service Clinic Programs

Coming Soon

- Maternal Child and Adolescent Health
- Primary Care
- Whole Person Integrated Care
- BHS Population Behavioral Health
- Note: these DPH sections will have their own dedicated review cycle to reflect new contracts/programs that have been added in the past two years.

Four Components of Annual Program Monitoring

These items are monitored for each unique stand-alone program in a DPH contract or applicable civil service unit.



Components of the Site Visit or Desk Audit

- A. BOCC Compliance Manager meets with the program on the appointed date, reviews the monitoring checklist, and works with staff to review the required items. ***(See Reference Slides 37-40 for monitoring components detail)***
- B. BOCC Compliance Managers are always available to explain the monitoring process, answers questions, and offer technical assistance. Not uncommonly, a separate technical assistance session may be set-up (especially for new program directors) to provide technical assistance around monitoring requirements.
- C. If there is program self-report data required for an objective, the program is required to submit the data to the DPH Business Owner/System of Care Representative by the date stipulated in the posted Performance Objectives document for the relevant DPH section. The DPH Business Owner Director (or designee) should make every effort to attend the monitoring visit. This is a great opportunity to check in with the program, answer questions, and provide technical assistance.
- D. Note, an outcome of the pandemic is the implementation of virtual monitoring sites visits where all Site Visit boxes are completed through the use of camera phones, etc. As such, a Site Visit may be on-sight or virtual and will review the same items.

Monitoring Components	Site Visit	Desk Audit
Tour site and premises for applicable requirements	X	
Review Administrative Binder, other documentation	X	
Review a sample of client files, if applicable	X	
Review documentation of deliverables and invoices	X	X
Review documentation of performance objectives	X	X
Review client satisfaction process & documentation, if applicable	X	X

Current Status of Annual Program Monitoring

- **During the Pandemic (for monitored year FY19-20 and FY20-21 conducted in FY20-21 and FY21-22):** (1) Desk audits or virtual audits were conducted instead of on-site, site visits. (2) An overall Category score for each of the four sub-categories (program performance, program deliverables, program compliance and client satisfaction), was not assigned. However, the annual program monitoring report does reflect data and status for each category to retain an historical record, but there was no rolled-up score by category.
- **Currently and Moving Forward (for monitoring year FY21-22 being conducted now)*:** Scoring has returned to normal where the four categories are rated individually and are now being rolled up into an overall program score. Additionally, site visits are being prioritized over desk audits.

**Exception: Due to the impact of contracted agency staff deployed to COVID efforts in Community Health Equity and Promotion, overall scoring will continue to be suspended for monitoring year FY21-22, but regular scoring will resume for monitoring year FY22-23.*

5

BOCC Program Monitoring Report: Overall Program Rating

- Following the monitoring visit, the BOCC Compliance Manager will complete the **Program Monitoring Report**, which rates the program’s performance on the contractual and regulatory requirements.
- These reports are public record and are used by entities such as the Health Commission and CA DHCS to assess contractor performance. They may also be taken into consideration during an RFP/RFQ process.

Overall Program Rating: 4 - Commendable/Exceeds Standards

4 = Commendable/Exceeds Standards	3 = Acceptable/Meets Standards
2 = Improvement Needed/Below Standards	1 = Unacceptable

Category Ratings:

4	Program Performance	4	Program Deliverables	4	Program Compliance	4	Client Satisfaction
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Sub-Categories Reviewed:

Program Performance	Program Deliverables/Fiscal	Program Compliance	Client Satisfaction
Achievement of Performance Objectives	Units of Service Delivered Unduplicated Client Count Delivered	Declaration of Compliance Invoice vs. ARIES Analysis Administrative Binder Site/Premise Compliance Plan of Action (if applicable)	Satisfaction Survey Completed and Analyzed

← The **Overall Program Rating** is assigned based on a weighted average of the four Categories. *(not assigned during the pandemic)* See next slide for scoring detail.

← The **Category Ratings** section provides the score for each of the four monitored categories. *(not assigned during pandemic)*

← The **Sub-Categories** section provides detail on items assessed for each Category. These items may differ by DPH Program. *(evaluated during the pandemic)*

Agency Fiscal Stability Monitoring

BOCC General Financial Assessment: Objectives

- **Assess the fiscal health of the contractor agency**, and if needed, refer the agency to technical assistance or any other resources the city can provide. BOCC also alerts the DPH Business Owner/System of Care of any financial risk that could lead to disruption of services to help adjust the contract amounts or structure when possible.
- **Ensure the proper board governance** and involvement in the financials, which is required for the agency's long-term sustainability.
- **Ensure proper invoice billings** to the City, to make sure tax dollars are spent in alignment with the City's ordinances and policies.
- **Ensure compliance with tax filings** and other standards in the scope of this program.

1. BOCC General Financial Assessment: Annual Process

- A. Document Collection:** BOCC collects Audited Financial Statements from ALL contractors annually
- B. Analysis:** BOCC performs a deep dive analysis of the financial statements, looks at financial indicators such as Working Capital Ratio, Cash Reserves, Net Assets, and Cash Flows.
- C. Results:** Each agency is assigned a risk level:
 - **Low:** Agency is financial stable and has the capability of growing and adding new programs
 - **Moderate:** Agency financials are good but there are a few concerning items that require continued close monitoring
 - **High:** Agency is experiencing financial issues and requires assistance and attention from DPH
- D. Outcome:** Risk levels determine the type of monitoring in the Citywide Fiscal and Compliance Non-profit Monitoring and Capacity Building program. The analysis is documented in a memo and is shared with DPH Management, when necessary.

Note: Prior to a Contracting Process, DPH may also assess an Agency's financial health during the RFP Process. When an RFP is scored, a total of 30 points can be set aside for the financial health of the agency applying for the contract.

2. Citywide Fiscal and Compliance Non-profit Monitoring and Capacity Building Program : Overview

Description: The Citywide Fiscal and Compliance Nonprofit Monitoring and Capacity Building program, managed by the Controller’s Office, consolidates contract monitoring requirements related to fiscal and organizational health for nonprofit contractors that receive funding from multiple City departments. This relieves the administrative burden of reporting to each department separately and allows City departments to share concerns and experiences collectively.

Goal: The Program aims to ensure public funds are spent in alignment with the City’s financial and administrative standards and that nonprofit contractors have strong, sustainable fiscal operations. And aims to detect financial issues as a general process, combined with additional Departmental review of audited financial statements.

Monitoring Standards: Compliance standards relate to nonprofits’ responsibilities for providing public access to records, certain board oversight practices, subcontracting practices, personnel policies, and emergency operations plans. The Program evaluates four areas of fiscal and compliance standards (see table).

ACCOUNTING & BUDGETING
12 standards <ul style="list-style-type: none">• Agency-wide Budget• Cost Allocation Procedures
FINANCIAL STATEMENTS
21 standards <ul style="list-style-type: none">• Audited Financial Statements• Financial Reports• Tax Form
POLICY & OPERATIONS
28 standards <ul style="list-style-type: none">• Fiscal Policies and Procedures• Invoices• Payroll• Public Access• Personnel Policies• Emergency Operations Plan• Preparedness
GOVERNANCE
19 standards <ul style="list-style-type: none">• Board Oversight• Subcontracts

NEW Tools: Agency Performance + Financial Stability Report and Contract Oversight Meeting

Agency Performance + Financial Stability Report

- **Purpose:** The purpose of this new form is for DPH staff to collaboratively develop a standardized and comprehensive report regarding the performance and financial stability of an agency's contracts and programs.
- **Towards Collaboration and Communication:** This report is stored in a centralized, virtual location where all relevant contributors can access and provide information as incidents and findings occur. This report combines information from the Business Office of Contract Compliance, the Contract Development and Technical Assistance Unit, DPH Fiscal, DPH Office of Compliance and Privacy Affairs, and other DPH staff, as necessary.
- **Timely Updates:** To be updated as findings and flags occur. Agencies with issues to be discussed at monthly Contractor Oversight Committee.
- **Report Components:** See snapshot table.
- ***The Business Office has identified 14 higher concern vendors that we are just now using to pilot this form. This will be followed by the too-big-to fail vendors, and then remaining 100+ vendors.***

Snapshot of the Highlights Table

C. Performance + Financial Stability Concern Highlights

For the subject Agency, mark **ALL** areas that concern the agency's performance and financial stability and provide the requested information. Add additional rows, as necessary.

Area(s) to Flag <i>select all that apply</i>	Date of Flag	Short Description
<input type="checkbox"/> Financial Mitigations and Obligations	Select date	Provide a concise description of the Flag (e.g., cost settlement recovery, Office of Compliance and Privacy Affairs audit recovery, overbilling recovery)
<input type="checkbox"/> Fiscal Monitoring & Analysis – BOCC	Select date	Provide a concise description of the Flag (e.g., High Risk, Elevated Concern).
<input type="checkbox"/> Program Performance and Compliance Monitoring	Select date	Provide a concise description of the Flag.
<input type="checkbox"/> Current Corrective Action Plan/ Technical Assistance Plan	Select date	Provide a concise description of the Flag.
<input type="checkbox"/> Early Warnings – Program	Select date	Provide a concise description of the Flag (e.g., System of Care identifies and flags an area of concern during the course of a Contract). Note: Document the timeline and description of this early warning in Section H.
<input type="checkbox"/> Other	Select date	Provide a concise description of the Flag (e.g., Whistleblower Audit with Findings, Independent Chart Audit with Findings, etc.).

Reference Slides

Organization Charts: (Slides 17-19)

Monitoring Timelines and Cycles for Annual Program Monitoring and Agency Financial Monitoring (Slides 21-24)

Follow-Up Remediation to Address Identified Problems (Slides 24-27)

Performance Objective Development: (Slides 28-30)

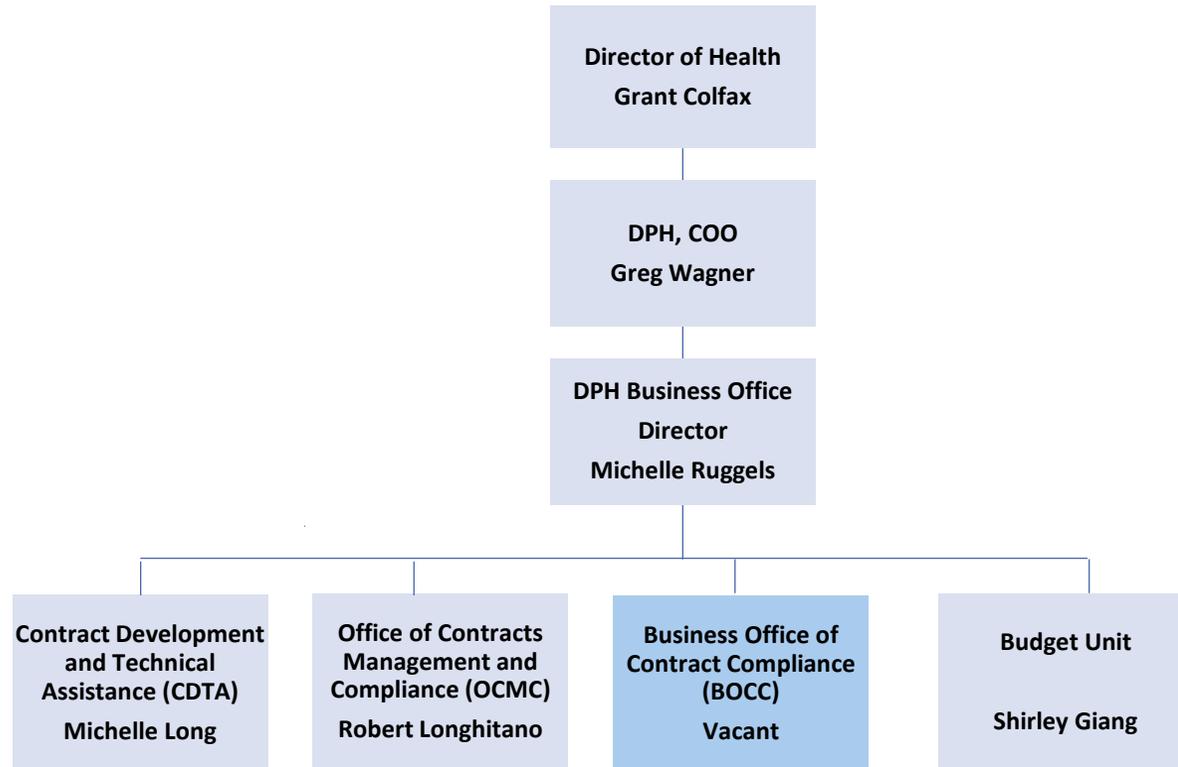
Understanding and Scoring the Program Monitoring Report (31-39)

Citywide Fiscal and Compliance Monitoring (Slides 40-41)

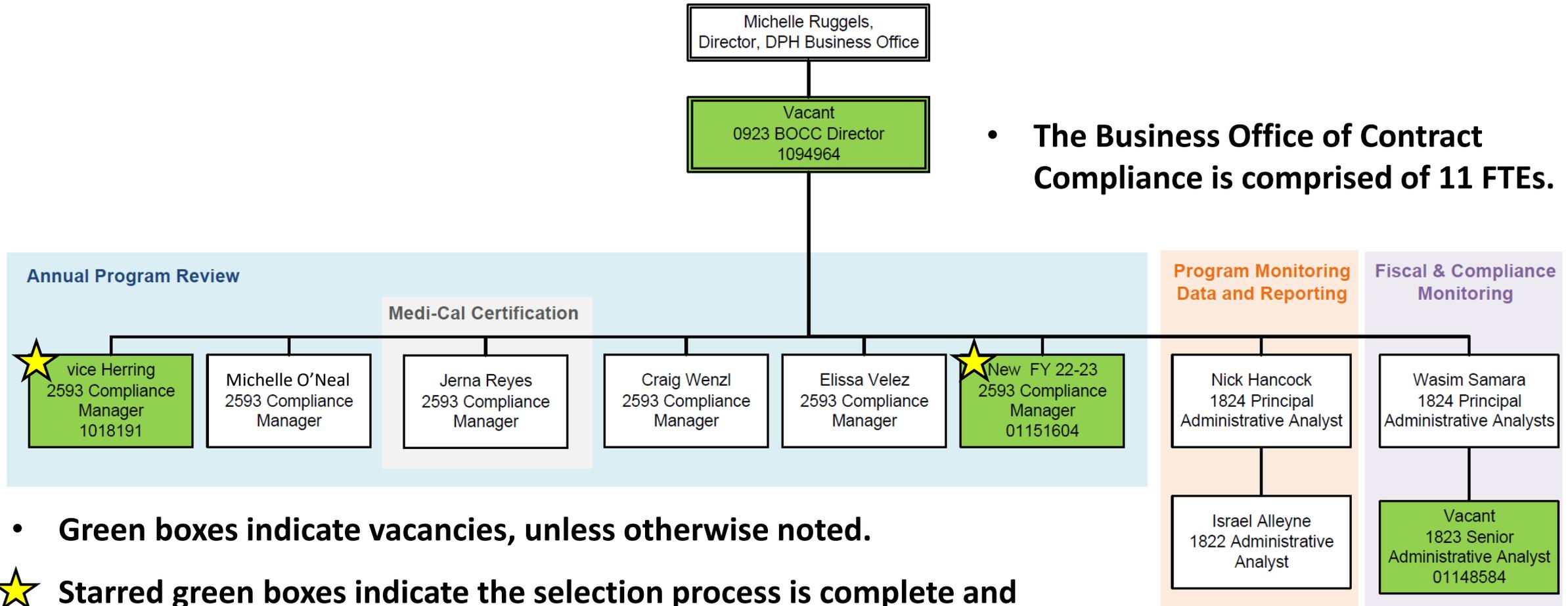
Organization Charts-

Where does the DPH Business Office Fit?

San Francisco Department of Public Health Business Office



Business Office of Contract Compliance Org Chart



- The Business Office of Contract Compliance is comprised of 11 FTEs.

- Green boxes indicate vacancies, unless otherwise noted.

- ★ Starred green boxes indicate the selection process is complete and new hire start date is pending.

Monitoring Timelines and Cycles

Timeline + Location of Annual Program Monitoring

MONITORING TIMELINES

- Monitoring timelines vary by Division/Section (see below)
- Monitoring takes place for the prior completed fiscal year

Funding Period: Jul 1 – Jun 30 (City FY)

Monitoring Timeline: Sep 15 – Nov 30

- HIV Health Services - General Fund
- Community Health Equity and Promotion - HIV Prevention Services and Wellness Programs
- Maternal Child and Adolescent Health, Primary Care, Whole Person Integrated Care, BHS Population Behavioral Health (*subject to change*)

Funding Period: Jul 1 – Jun 30 (State FY)

Monitoring Timeline: Sep 15 – Mar 31

- Behavioral Health Services for Adults, Children, Transitional Aged Youth, and Mental Health Services Act

Funding Period: Mar 1 – Feb 28 (Federal FY)

Monitoring Timeline: Apr 1 – Jun 30

- HIV Health Services - Ryan White

MONITORING LOCATIONS

- **Types of Monitoring Visits:** SITE VISIT or DESK AUDIT
- **Determining Visit Type:** BOCC Director consults with the BOCC Compliance Managers at the beginning of the monitoring cycle to determine the type of monitoring visit
- **Goal:** A site visit for every program that delivers direct services to clients

Site Visits

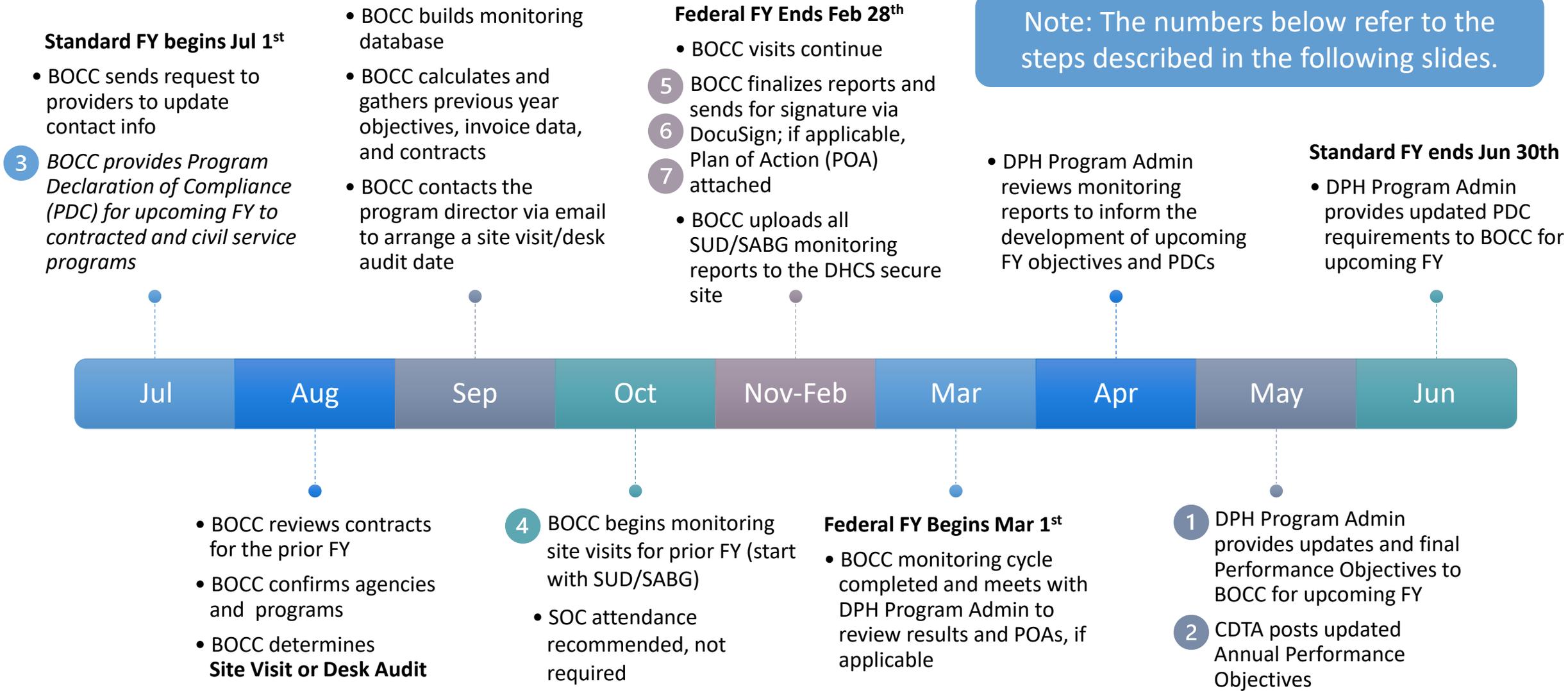
- **DHCS-funded programs** require a site visit; so, SUD/SABG services receive site visits
- **HRSA-funded programs** require a site visit; so, HIV Health Services receive site visits
- Programs with a **Plan of Action (POA)** in the prior monitoring year require site visits

Desk Audits

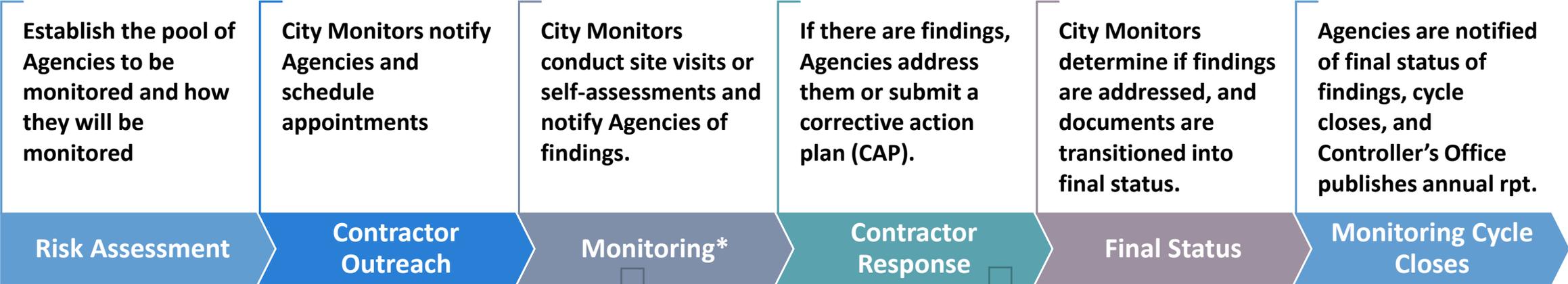
- All others are eligible for a desk audit and the determination is made by the BOCC Director based on BOCC Compliance Manager input and current staffing capabilities

Desired Timeline for Annual Program Monitoring

Note: The numbers below refer to the steps described in the following slides.



2. Citywide Fiscal and Compliance Monitoring: Annual Process



- Each Agency is assessed an outcome:
- Meets all Standards and Best Practices**
 - Does not meet Best Practices but meets all Standards**
 - Finding** - Does not meet one or more standards (has a finding)
 - Elevated Concern Status:** When a nonprofit City contractor has repeated findings or has a critical finding. Technical Assistance through the Controller's Office will be provided.
 - Red Flag Status:** When a nonprofit is at imminent risk of losing its funding for mismanagement or being unable to perform services per its grant or contract. This can lead to defunding of the agency.

Technical Assistance for Nonprofits:
 The Controller's Office, DPH, and/or, if applicable, external financial consultants provide technical assistance to nonprofits agencies with issues uncovered through monitoring. The Controller's Office also holds financial training sessions for nonprofits to voluntarily participate in.

Note: If a nonprofit contractor does not meet City standards and does not comply with an established plan to correct deficiencies, the City may place an Agency on the Elevated Concern or Red Flag Status list for that fiscal year.

**As part of the monitoring process, City Monitors review the following documents: Back up documentation of invoices to the City, including payroll registers and vendor resets; Budgets and Cost allocation methodology; Financial statements of current and prior fiscal years; Tax filings such as form 990 and the Quarterly Contribution Return and Report of Wages filings; Board of Directors minutes and bylaws; Public Access filings for the City's Sunshine Ordinance; Other documentation as needed.*

Follow-Up Remediation to Address Identified Problems

Typical Triggers for Technical Assistance

Plan of Action (POA)

Lack of fire clearance for program site

Low rates of return or low scores on client satisfaction surveys

Incorrect tracking of clients in AVATAR for billing purposes

Shortfalls in units of service achieved or low clinician productivity

Need to increase completion of ANSA or treatments plans within 60 days of client episode opening

Problems obtaining all needed signatures from clients (HIPAA forms, etc)

Corrective Action (ATAP or CAP)

Financial Recovery & Sustainability

Lack of Cost Allocation Procedures

Debt Reduction & Repayment Plan

Budget Forecasting Capacity

Billing Practices

Accounting Practices & Fiscal Reporting

Budget Reduction

Defunding

Low Cash Flow & Net Income

Financial Oversight by Board

Lapse of Licensure & Certifications

Breach of Client Privacy, Safety & Confidentiality

Low Units of Service

Reporting - AVATAR

Documentation

Client Charting & Billing

Patient Services and Care

Financial Management

Program Operations

BOCC Plan of Action (POA)

What is a Plan of Action (POA)?

- A. Description:** A Plan of Action (POA) is issued by BOCC for any deficiencies noted during the monitoring process. It is a notice to the program and DPH Business Owner that an issue has been detected that requires attention and that a detailed response is required.
- B. Common Triggers:** Possible reasons for a POA include failure to meet performance objectives or units of service deliverables, lack of a current fire clearance, or low participation rates in a client satisfaction survey.
- C. Required Triggers:** While issuing a POA is largely at the discretion of the BOCC Compliance Manager, there are certain things, such as the lack of proper fire clearance or an overall program monitoring score of 2 or less, that automatically require a POA.
- D. Notification:** If a POA is issued, the contract program or civil service program is expected to attach a response to the POA to the final monitoring report before it is signed by the DPH Program Director.

How does a BOCC POA differ from the CDTA ATAP and Citywide CAP?

- A. Program Level:** BOCC monitoring occurs at the program and not the agency level, BOCC POAs are always for program-level deficiencies while the CDTA ATAP or Corrective Action Plan may be for an agency at-large. The BOCC POA informs and supports the CDTA ATAP/CAP initiation process.
- B. Level of Technical Assistance** is determined by a number of factors including Agency willingness to comply, severity of the issue, etc.
- C. See Table**

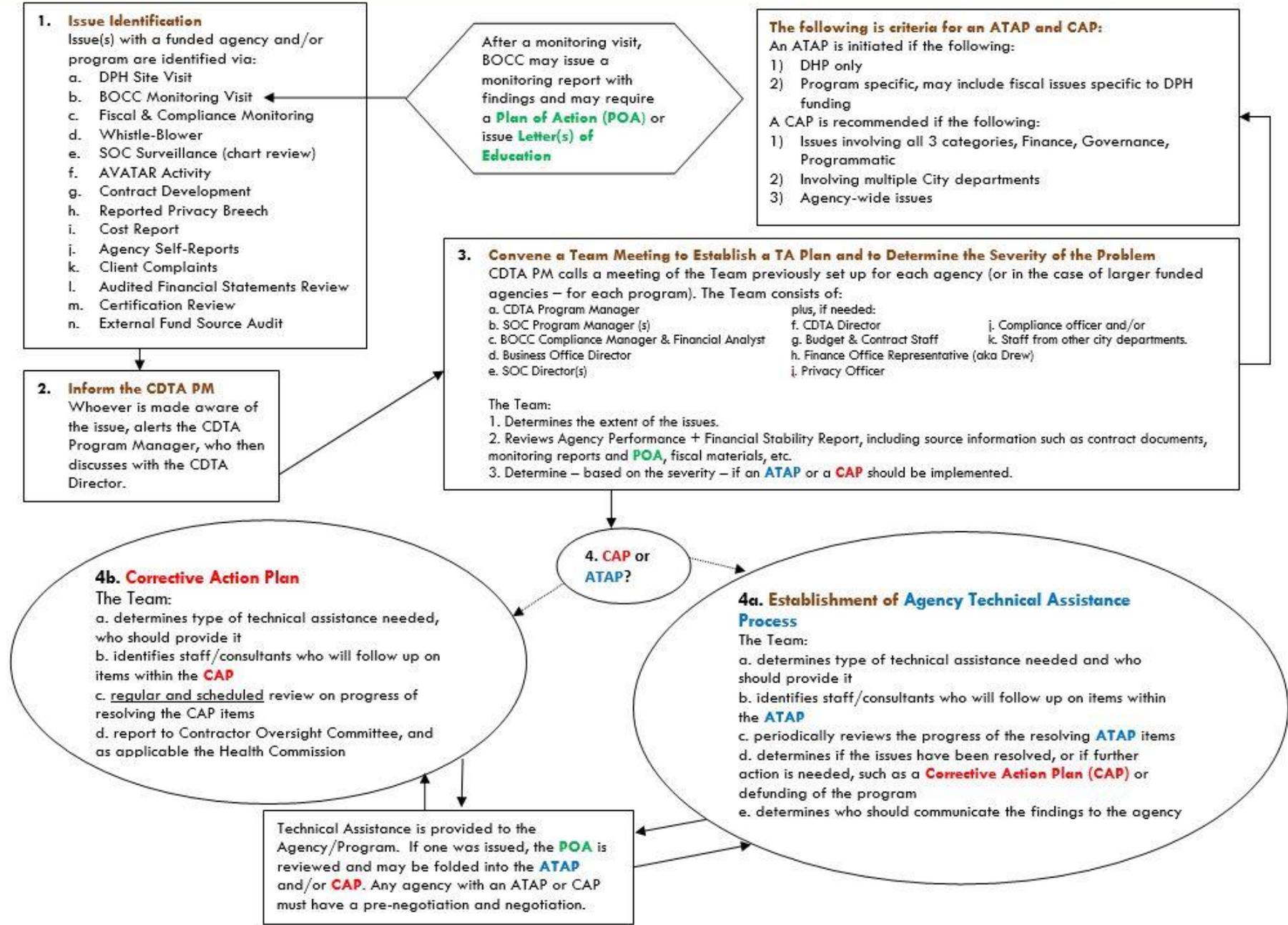


Types of Intervention and Definitions	
Plan of Action (POA)	Plan identifying steps to be performed by an agency to address an annual monitoring report finding where it is deemed specific follow-up is required. (BOCC)
Agency Technical Assistance Process (ATAP)	Issues tracked and addressed through a formal process and set of steps where technical assistance is provided. These internal interventions are intended to occur at the front-end of the process and are typically DPH only contracts. Typically, are program specific and may include fiscal issues specific to DPH funding. (CDTA)
Corrective Action Plan (CAP)	A document coordinated through a formal process and set of steps to ensure compliance with government funding requirements, accountability, and reliable service delivery. The CAP is a Citywide process (i.e., inter-departmental), and typically represents a process for more severe issues. (Controller's Office or CDTA for DPH Only)

Technical Assistance Flow Chart

Contractor Oversight Committee (Reinstate 4/23)

- **Key Department Representatives meet monthly**
 - Discuss Agency Performance + Financial Stability Report for all agencies with concerns
 - Review active Corrective Action Plan progress
 - Determine interventions or remediation actions



Performance Objective Development

1

Developing Annual Performance Objectives: Responsible: DPH Business Owner

DPH Business Owner Role: The DPH Business Owner is responsible for working with their contract and civil service programs to develop appropriate performance objectives for the upcoming monitoring period that align with and support the system's goals. These objectives can either be Standardized (system wide) or Individualized (program specific).

- These objectives should be written as **S.M.A.R.T** objectives (Specific, Measurable, Achievable, Relevant, and Time-bound) to be captured in the comprehensive performance objectives document template. The Performance Objective templates include these key pieces of information that must be provided:
 - Detailed text description of the objective – spells out the terms of the objective
 - Client/Program inclusion criteria – details which clients or programs the objective applies to
 - Data source – identifies the source of the data and the party responsible for collecting and organizing the data for scoring
 - Source of requirement – identifies the regulatory, policy, or compliance requirement mandating the objective
- NOTE: Properly identifying the source of the data (e.g., Avatar, ARIES, invoices), the timeline for its collection and transmission, and the party responsible for preparing the data **is a critical component** of any performance objective. If it is unclear how BOCC will obtain the data, then it is likely that the objective will ultimately be a failure.



REQUIREMENT: All applicable contract and civil service programs must know their updated Fiscal Year performance objectives by the start of the Fiscal Year (July 1 for the City/State Fiscal Year and March 1 for the Federal Fiscal Year).

2

Approving + Posting Annual Performance Objectives

Responsible: BOCC + DPH Business Owners

- A. **Review + Approval:** Upon submission by DPH Business Owners, BOCC will review objectives for required components, vet the ability to calculate from identified data sources, and follow-up with any questions or comments.
- B. **Post:** Once finalized, BOCC will post the objectives on the CDTA website prior to the beginning of the monitoring period.
<https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/documents-PO.asp>
- C. **Update Contract Appendix A:** Currently in the Appendix A of each contract, there is a reference to the website where the performance measures are available. It is the DPH Business Owner's responsibility to update the Appendix A to reference the correct set of objectives and the correct year to be monitored.
- D. **Changing Published Objectives:** Once published, only DPH Business Owners have the authority to suspend, amend or waive Performance Objectives for a program. It is critical that any changes occur ***BEFORE*** BOCC monitors the individual program. In no circumstances should BOCC be informed by the contracted program that an objective has been waived.

Understanding and Scoring the Program Monitoring Report

Performance
Program Deliverables
Client Satisfaction
Compliance

BOCC Program Monitoring Report: Scoring

The **Overall Program Score** derives from the performance on the four monitoring Categories:

Monitoring Category	Points Possible	Items Reviewed
Program Performance	30	Performance on standardized and individualized objectives
Program Deliverables	20	Comparison of contracted units of service and number of clients, if applicable, to delivered per final invoice
Program Compliance	40	Compliance with site premises and administrative binder requirements as outlined in Program Declaration of Compliance (PDC)
Client Satisfaction	10	A standardized or individualized client satisfaction survey was conducted and analyzed
Total Points	100	

BOCC Program Monitoring Report: Performance Objective Scoring

- **Development:** A program’s Performance Objectives are determined by DPH Business Owner in consultation with the program, approved by BOCC, and posted on the CDTA website.
- **Process:**
 - A. Score all assigned performance objectives. Performance Objectives are typically scored on a 5-point scale (see note below).
 - B. Program Performance is calculated as the points scored for each objective multiplied by the number of objectives assigned. That number, divided by the 30 total points possible for the Category, results in the Program Performance Category score. The Program Performance Category score is then assigned as follows.

A		B	
Performance Objective Scoring	Points total 30 available	% Achievement of Objectives	Program Performance Category Rating
If objective was achieved 90–100%	5	Objectives achieved 90% or above	4 – Commendable/Exceeds Standards
If objective was achieved 80-89%	4	Objectives achieved 71-90%	3 – Acceptable/Meets Standards
If objective was achieved 70-79%	3	Objectives achieved 51-70%	2 – Improvement Needed/Below Standards
If objective was achieved 60-69%	2	Objectives achieved less than 51%	1 - Unacceptable
If objective was achieved 50-59%	1		
If objective was less than 50% achieved	0		

Note: BOCC is obligated to follow the text of the objectives exactly as written. Example: If an objective states “All clients will attend a counseling session during the year.” and “only” 99/100 of clients meet that goal, then BOCC must fail the program on that objective and award zero points. For this reason, we encourage specific targets so the 5-point scale listed above can be applied. This allows for demonstration of effort and partial credit when scoring. If an objective should really be scored on the “Pass/Fail” basis, then meeting the objective will yield 5 points and failing will yield 0 points.

BOCC Program Monitoring Report: Program Deliverables

- A. Description:** The Program Deliverables section shows the program’s contracted units of service (UoS) and client counts (if applicable) compared to the totals as found on the final invoice for the period.*
- B. Calculation:** Once the % of delivered UoS/UDC of contracted is calculated, the Category Points are divided by the 20 total points possible for the Category. The Program Deliverables Category score is then assigned as follows.

% of Units/Clients Delivered vs. Contracted	Points <i>total 20 available</i>	% Achievement of UoS/UDC	Program Deliverables
If program delivered 90–100% of contracted	20	Deliverables achieved 90% or above	4 – Commendable/Exceeds Standards
If program delivered 80-89% of contracted	18	Deliverables achieved 71-90%	3 – Acceptable/Meets Standards
If program delivered 70-79% of contracted	16	Deliverables achieved 51-70%	2 – Improvement Needed/Below Standards
If program delivered 60-69% of contracted	14	Deliverables achieved less than 51%	1 - Unacceptable
If program delivered 50-59% of contracted	12		
If program delivered less than 50% of contracted	0		

*For BHS Civil Service programs that do not have contracts or submit invoices, the program’s Cost Report/Data Collection (CRDC) direct service hours are used as a proxy for the contracted UoS and the delivered UoS are calculated from Avatar.

BOCC Program Monitoring Report: Client Satisfaction

- A. Description:** DPH expects every program to measure client satisfaction. This can be done either by the State-mandated Treatment Perception Survey (BHS only) or a program-specific survey of the program’s own design (MCAH, CHEP, HHS, and BHS providers not covered by the Treatment Perception Survey).
- B. Process:** BOCC Compliance Managers will check for the presence of a client satisfaction survey, either standardized or program-specific, and confirm that the program analyzed the results and discussed with program staff.
- C. Calculation:** Once the on-time submission, return rate, and client satisfaction percentage are calculated, the points achieved are divided by the 10 total points available to arrive at the Client Satisfaction rating. The Client Satisfaction Category score is then assigned as follows.

Client Satisfaction	Points (total 10 available)
On-time submission of surveys	2
Minimum 50% return rate	3
Client Satisfaction percentage	0-5 (see below)
If 90-100% of clients are satisfied	5
If 80-89% of clients are satisfied	4
If 70-79% of clients are satisfied	3
If 60-69% of clients are satisfied	2
If 50-59% of clients are satisfied	1
If less than 50% of clients are satisfied	0



Client Satisfaction Results	Program Deliverables
Client Satisfaction rating over 90%	4 – Commendable/Exceeds Standards
Client Satisfaction rating over 71-90%	3 – Acceptable/Meets Standards
Client Satisfaction rating over 51-70%	2 – Improvement Needed/Below Standards
Client Satisfaction rating below 51%	1 - Unacceptable

Creating + Distributing the Program Declaration of Compliance (PDC)

- A. Purpose:** The Program Declaration of Compliance (PDC) is a document that contains all the compliance and regulatory items required of the program by the DPH Program, City, State, and Federal entities.
- B. PDC Process:**
- **Notification of Changes:** The BOCC director contacts the leadership of each Program area subject to monitoring, e.g. Behavioral Health Services, prior to the beginning of the fiscal year for any changes in the PDC requirements. The DPH Program area leadership may also contact the BOCC Director for any change in the requirements at any time during the year before the next PDC is published. The DPH Program area leadership is responsible for informing the agencies and programs for any change in compliance requirements during the fiscal year.
 - **Development and Issuance:** Prior to the beginning of each funding period/fiscal year, BOCC creates a PDC for each of the DPH areas to be monitored. The PDC is sent electronically from BOCC's web database to the program director (contract and civil service) and agency executive director (contract) on file with BOCC.
 - **Response:** The PDC must be acknowledged and returned within two weeks of transmittal. The timely acknowledgment and return of the PDC is one of the elements scored in the Program Compliance section of the BOCC Monitoring Report.
- C. Monitoring:**
- The PDC will be reviewed by the BOCC Compliance Manager at the time of the monitoring visit to confirm that the program has complied with each of the items.

BOCC Program Monitoring Report: Compliance

**Note: The Admin Binder and Site Checklist categories include multiple items (see next slide for detail)*

- A. **Description:** The Program Compliance Category is composed of five elements, each awarded points depending on level of compliance with the requirement
- B. **Calculation:** Once the % of compliant items is calculated, the Category Points are divided by the 40 total points possible for the Category. The Program Compliance Category score is then assigned as follows.

Program Compliance Item	Points <i>total 40 available</i>
Declaration of Compliance Submitted	Submitted – 5, not submitted - 0
Administrative Binder Complete	0 to 10 points
Site Checklist Complete	0 to 10 points
Chart Documentation Compliance	0 to 10 points
Current Year POA not needed or Previous Year POA implemented	Current year POA not needed – 5 points Previous year POA implemented – 5 points

Admin Binder & Site Checklist*	Points
If 90-100% of items in place	10
If 80-89% of items in place	9
If 70-79% of items in place	8
If 60-69% of items in place	7
If 50-59% of items in place	6
If less than 50% items in place	0

% Achievement of UoS/UDC	Program Deliverables
Deliverables achieved 90% or above	4 – Commendable/Exceeds Standards
Deliverables achieved 71-90%	3 – Acceptable/Meets Standards
Deliverables achieved 51-70%	2 – Improvement Needed/Below Standards
Deliverables achieved less than 51%	1 - Unacceptable

BOCC Program Monitoring Report: Compliance Checklist

- During the site visit the BOCC Compliance Manager will utilize a compliance check list that details all the compliance items expected of the program.
- These requirements are as listed in the annual Program Declaration of Compliance (PDC) the program receives and acknowledges at the beginning of the monitoring period.
- That checklist is divided into the **Site Premises** and **Administrative Binder** portions.
- *NOTE: Where an item is only applicable to a particular section, that section is indicated in parentheses at the beginning of the label.*

Site Checklist (15 items)

Availability of Interpretation Signage
(SUD) Clinic Medication Rooms (Programs with a medication room/medication)
Computer Antivirus Software
Consumer Handouts for Drug Medi-Cal programs; Or Provider List for MH programs
Grievance/Appeal Posters, Forms, Envelopes & Handouts
HIPAA Posters
Hours of Operation Posted
Monitoring and Invoice Backup Documentation
(SUD) Participant Rights Posted
Payments (Payment Sign - Receipts for Payments Provided)
Policy and Procedure Manual
(MH) Program Utilization Quality Review Committee
Site/Building Rules Posted
(SUD) Site/Facility Licenses
Vocational Training Opportunities

BOCC Program Monitoring Report: Compliance Checklist - Administrative Binder

Administrative Binder (51 items)

Ensure Access to Services for Persons with Disabilities: ADA Form	Perinatal Services Guidelines
(SABG) Byrd Anti-Lobbying Amendment (31 USC 1352)	(SABG) Political Activities Limitation (Hatch Act)
BHS Policy and Procedure Table of Contents	(SUD) Possible Duplicate Services Report - Avatar Report
(SUD) Care Coordination	Quality Assurance Plan and Activities
(SABG) Charitable Choice	(SABG) Regulatory Control Requirements (NEW)
(MH) Child and Adolescent Needs & Strengths Training (CANS) (MH Only)	Required Disclosures
Client Satisfaction Survey and Analysis Documentation	(SABG) Restriction on Distribution of Sterile Needles
Client Transportation	Separation and Hiring Notification (NEW)
Compliance, Privacy and Data Security	(SABG) Separation Notification of Staff and/or Interns from Agency/Program
Code of Conduct	(SUD) Service Billing Errors by Program Report
Copies of Staff Clinical Licenses or Registrations	(SUD) Service Verification
Counselor Certification	(SABG) State Law Requirements (NEW)
Credentialing and Re-Credentialing (UPDATE)	Timely Access Documentation
(SABG) Cultural and Linguistic Proficiency (CLAS)	(SABG) Trafficking Victims Protection Act of 2000
Cultural Competency Staff Report	(SABG) Tuberculosis Treatment
(SABG) Drug and Alcohol Treatment Access Report (DATAR)	(SABG) Unlawful Messaging Regarding Drugs / (Limitation on Use of Funds for Promotion of Legalization)
Emergency Response Plan	(SUD) Volunteers and Interns (NEW)
Ensure Access to Services for Persons with Disabilities (ADA Form)	Site/Facility Licenses
(SABG) Federal Law Requirements (NEW)	SOGI or Transgender Training
Fire Clearance	12N Ordinance (LGBTQ Youth Sensitivity) Training
Harm Reduction Policy (UPDATED)	(MH) Transitional Youth Activity
Infection Control, Health and Safety Policies	Trauma Informed Systems Initiative & Workforce Training
(SABG) Intravenous Drug Use {IVDU} Treatment	Waiver Requested (if applicable)
Latest Program Monitoring and Plan of Action (if applicable)	(SABG) Year End Report
Notice of Adverse Benefit Determination (NOABD)	(SABG) Youth Treatment Guidelines
(SABG) Outreach Strategies	

Citywide Fiscal and Compliance Monitoring

Inclusion Criteria

Citywide Fiscal and Compliance Non-profit Monitoring and Capacity Building Program: Eligibility for the Monitoring Pool

All nonprofits that contract with DPH and meet the ELIGIBILITY CRITERIA receive one of the types of monitoring:

- **Core Monitoring** - focuses on financials and board governance
- **Expanded Monitoring** – includes all aspects mentioned in the previous slide
- **Good Performance Waiver** – for agencies with solid track records, they can receive a waiver every other year

Some types of agencies are excluded from this monitoring:

- Governmental agencies and universities
- For-profit agencies
- Nonprofit agencies that are in the housing development sector

Wasim Samara in DPH’s Business Office of Contract Compliance is a “City Monitor” and conducts the fiscal monitoring and participates in the Controller’s Office steering committee.

MONITORING POOL ELIGIBILITY CRITERIA

Monitoring Pool Includes Nonprofits That:

- Receive \$1 million or more from a single department (even if they get funding from more than one department).
- Receive at least \$200,000 in total from two or more departments (if they get at least \$50,000 from each funding department).

Monitoring Pool Does NOT Include Nonprofits That:

- Receive funding from only one department and receive less than \$1 million.
- Receive funding from multiple departments that total \$200,000 to \$999,999.